RI SOS Filing Number: 202565600200 Date: 2/17/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED STAMP
FEB 17 2025
BY

Annual Report for the year: 2025
Non-Profit Corporation

→ Filing period: February 1 - May 1
→ Filing Fee $20.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation
502786	CharterCARE Community Board
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: To establish, develop, operate and maintain an integrated health care delivery system to provide high quality health care and related services
4 NAICS Code: 622110	

6. Principal Office Address	City	State	Zip
c/o One Citizens Plaza, 10th floor	Providence	RI	02903

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: NONE	Vice-President Name
Street Address	Street Address
City / State / Zip	City / State / Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City / State / Zip	City / State / Zip

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors — Check the box to indicate an attachment ☐

Director Name: NONE	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
Stephen F. Del Sesto, Liquidating Receiver	**2/6/2025**

Signature of Officer/Authorized Representative: Liquidating Receiver

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631- Revised: 12/2023